FS-3400-2 (11/82)

## APPENDIX K USDA - Forest Service FOREST PEST MANAGEMENT PROJECT PROPOSAL (Ref: FSM 3400, Report FS-3400-E) PART I - REQUESTING OFFICE USE ONLY 4. Causal Agent 5. Group 6. Landownership (x appropriate box) 1. Region/Area 2. State 3. Fiscal Year ☐ National Forest ☐ Other Federal 9. Host Protected 8. Status of Project (x appropriate box) 7. Type of Project (x appropriate box) Continuing Project New Project ☐ Suppression 12. Application Rate 11. Pesticide 10. Prevention/Suppression Method Funds Needed in Subsequent Years First Year Targets and Costs Total Units of Work Unit Cost Estimated Cost **Program Activities Estimated Cost (f)** (c) ы (4) (1) Pretrestment Survey (Acres) (2) Trestment (Acres) (3) Volume Treated (MBF) (4) Volume Removed (MSF) (5) Volume Protected (MBF) (6) Post-Treetment Evaluation (Acres) (7) Environmental Monitoring (Acres) (8) Other (Identify) (9) Subtotal (10) Indirect and service charges (Field) Percent of Subtotal (%) (11) Total Field Costs 16. Date 15. Title 14. Proposed By (Signature) PART II - REGION OR AREA USE ONLY 17. Region/Area Indirect and Service Charges Percent of Total Field Costs (%) 18. Total Project Costs 21. Project Number 19. Approved By (Signeture) 20. Title PART III - WASHINGTON OFFICE USE ONLY 23. Project Action (x appropriate box) 24. Total Funds Allocated ☐ Approved ☐ Disapproved 27. Date 25. Approved/Disapproved By (Signature) 26. Title 28. Remerks

(OVER)

Previous edition is obsolete.

11	NSTRUCTIONS: (Reference FSM (3400) Use this form only for projects on National Forest System and other Federal lands.
	1. Region/Area
	2. State
;	3. Fiscal Year
4	I. Causal Agent - Name the insect or disease involved.
	<ol> <li>Group - Indicate insect or disease group into which the causal agent falls. Groups are bark beetle (BB), defoli- ator (DEF), other insects (OI), dwarf mistletoe (DM), oak wilt (OW), other disease (OD).</li> </ol>
6	. Landownership
7	. Type of Project
8	. Status of Project
9	. Host Protected - Name tree species affected,
10.	Prevention/Suppression Method - Specify method to be used.
11.	Pesticide - Include trade names of pesticides to be used.
12.	Application Rate - If pesticide usage is involved, specify the dosage rate in pounds of active ingredient per unit treated.
13.	Program Activities
14.	Proposed By - Signature of person initiating the proposal.
15.	Title
16.	Date
17.	Region/Area Indirect and Service Charges - Enter percent of field total cost from block 13(a)(11) and enter the amount imposed against the project at the Regional or Area office level.
18.	Total Project Costs - Enter the sum of blocks 13(a)(11) and 15.
19.	Approved By - Project proposal must be approved and dated by the Regional Office or Area Office or by their designated representative prior to submission to the Washington Office.
20.	Title
21.	Project Number
22.	Date
23. 1	Project Action
24.	Fotal Funds Allocated
25. /	Approved/Disapproved By
26. 1	Title Title
27. [	Date
28. F	Remarks